

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

14600 Trinity Blvd

☐(Check if address
is changed)

Suite 500

Fort Worth

TX

76155

2512

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jeaton@hq.alliedpilots.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.alliedpilots.org

COMMITTEE'S FAX NUMBER

8173022239

2. DATE

M M
0 4/ D D
1 9/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00267849

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

James E Eaton, PAC TREASURER

Signature of Treasurer

Electronically Filed by James E Eaton, PAC TREASURER

Date

M M
0 4/ D D
1 9/ Y Y Y Y
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **JOHN LAWRENCE, - PAC ASST TREAS**

Mailing Address **14600 TRINITY BLVD #500**

FT WORTH TX 76155

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **James E Eaton, PAC TREASURER**

Mailing Address **14600 Trinity Blvd #500**

Ft Worth TX 76155 - 2512

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number - -

Full Name of Designated Agent **JOHN LAWRENCE, - PAC ASST TREAS**

Mailing Address **14600 TRINITY BLVD #500**

FT WORTH TX 76155

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

PAC ASST TREASURER Telephone number **817 - 302 - 2222**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

ALLIED FIRST BANK

Mailing Address

387 SHUMAN BLVD #290 E

P O BOX 3272

NAPERVILLE

IL

60563

CITY ▲

STATE ▲

ZIP CODE ▲